

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/EP 03 / 1 0 7 0 7

International Application No.

23.09.2003

23 SEP 2003

International Filing Date

OFFICE EUROPEEN DES BREVETS  
DEMANDE INTERNATIONALE PCT

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) MI6054

Box No. I TITLE OF INVENTION

Polypropylene fibres suitable for spunbonded non-woven fabrics

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Basell Poliolefine Italia S.p.A.  
Via Pergolesi 25  
20124 Milano  
IT

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:  
IT

State (that is, country) of residence:  
IT

This person is applicant  
for the purposes of:

☐ all designated  
States

☒ all designated States except  
the United States of America

☐ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SARTORI, Franco  
Via A. M. Mozzoni 1  
44100 Ferrara  
IT

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box  
is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
IT

State (that is, country) of residence:  
IT

This person is applicant  
for the purposes of:

☐ all designated  
States

☐ all designated States except  
the United States of America

☒ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf  
of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common  
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

FISAULI, Beatrice  
Basell Poliolefine Italia S.p.A.  
Intellectual Property  
Via Pergolesi 25  
20124 Milano  
IT

Telephone No.

+39 02 6712 4551

Facsimile No.

+39 02 6712 7373

Teleprinter No.

Agent's registration No. with the Office  
127830

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LONARDO, Angelo  
Via Pacuvio 33  
80122 Napoli  
IT

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

IT

State (that is, country) of residence:

IT

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HERBEN, Pierre  
Rue A. Delporte 44  
1050 Bruxelles  
BE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

BE

State (that is, country) of residence:

BE

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

**Box No. V DESIGNATION OF STATES**

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

**Regional Patent**

- ☐ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....
- ☐ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

**National Patent** (if other kind of protection or treatment desired, specify on dotted line):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates               | <input type="checkbox"/> HR Croatia                                   | <input type="checkbox"/> OM Oman                                |
| <input type="checkbox"/> AG Antigua and Barbuda                | <input checked="" type="checkbox"/> HU Hungary                        | <input type="checkbox"/> PG Papua New Guinea                    |
| <input type="checkbox"/> AL Albania                            | <input checked="" type="checkbox"/> ID Indonesia                      | <input checked="" type="checkbox"/> PH Philippines              |
| <input type="checkbox"/> AM Armenia                            | <input checked="" type="checkbox"/> IL Israel                         | <input checked="" type="checkbox"/> PL Poland                   |
| <input type="checkbox"/> AT Austria                            | <input checked="" type="checkbox"/> IN India                          | <input type="checkbox"/> PT Portugal                            |
| <input checked="" type="checkbox"/> AU Australia               | <input type="checkbox"/> IS Iceland                                   | <input checked="" type="checkbox"/> RO Romania                  |
| <input type="checkbox"/> AZ Azerbaijan                         | <input checked="" type="checkbox"/> JP Japan                          | <input checked="" type="checkbox"/> RU Russian Federation       |
| <input type="checkbox"/> BA Bosnia and Herzegovina             | <input type="checkbox"/> KE Kenya                                     |   |
| <input type="checkbox"/> BB Barbados                           | <input type="checkbox"/> KG Kyrgyzstan                                | <input type="checkbox"/> SC Seychelles                          |
| <input type="checkbox"/> BG Bulgaria                           | <input type="checkbox"/> KP Democratic People's Republic of Korea     | <input type="checkbox"/> SD Sudan                               |
| <input checked="" type="checkbox"/> BR Brazil                  | <input checked="" type="checkbox"/> KR Republic of Korea              | <input type="checkbox"/> SE Sweden                              |
| <input type="checkbox"/> BY Belarus                            | <input type="checkbox"/> KZ Kazakhstan                                | <input checked="" type="checkbox"/> SG Singapore                |
| <input type="checkbox"/> BZ Belize                             | <input type="checkbox"/> LC Saint Lucia                               | <input checked="" type="checkbox"/> SK Slovakia                 |
| <input checked="" type="checkbox"/> CA Canada                  | <input type="checkbox"/> LK Sri Lanka                                 | <input type="checkbox"/> SL Sierra Leone                        |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LR Liberia                                   | <input type="checkbox"/> SY Syrian Arab Republic                |
| <input checked="" type="checkbox"/> CN China                   | <input type="checkbox"/> LS Lesotho                                   | <input type="checkbox"/> TJ Tajikistan                          |
| <input checked="" type="checkbox"/> CO Colombia                | <input type="checkbox"/> LT Lithuania                                 | <input type="checkbox"/> TM Turkmenistan                        |
| <input type="checkbox"/> CR Costa Rica                         | <input type="checkbox"/> LU Luxembourg                                | <input type="checkbox"/> TN Tunisia                             |
| <input type="checkbox"/> CU Cuba                               | <input type="checkbox"/> LV Latvia                                    | <input type="checkbox"/> TR Turkey                              |
| <input checked="" type="checkbox"/> CZ Czech Republic          | <input type="checkbox"/> MA Morocco                                   | <input type="checkbox"/> TT Trinidad and Tobago                 |
| <input type="checkbox"/> DE Germany                            | <input type="checkbox"/> MD Republic of Moldova                       |   |
| <input type="checkbox"/> DK Denmark                            | <input type="checkbox"/> MG Madagascar                                | <input type="checkbox"/> TZ United Republic of Tanzania         |
| <input type="checkbox"/> DM Dominica                           | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> UA Ukraine                  |
| <input type="checkbox"/> DZ Algeria                            | <input type="checkbox"/> MN Mongolia                                  | <input type="checkbox"/> UG Uganda                              |
| <input type="checkbox"/> EC Ecuador                            | <input type="checkbox"/> MW Malawi                                    | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> EE Estonia                            | <input checked="" type="checkbox"/> MX Mexico                         |   |
| <input type="checkbox"/> ES Spain                              | <input type="checkbox"/> MZ Mozambique                                | <input type="checkbox"/> UZ Uzbekistan                          |
| <input type="checkbox"/> FI Finland                            | <input type="checkbox"/> NI Nicaragua                                 | <input type="checkbox"/> VC Saint Vincent and the Grenadines    |
| <input type="checkbox"/> GB United Kingdom                     | <input checked="" type="checkbox"/> NO Norway                         | <input type="checkbox"/> VN Viet Nam                            |
| <input type="checkbox"/> GD Grenada                            | <input type="checkbox"/> NZ New Zealand                               | <input checked="" type="checkbox"/> YU Serbia and Montenegro    |
| <input type="checkbox"/> GE Georgia                            |   | <input checked="" type="checkbox"/> ZA South Africa             |
| <input type="checkbox"/> GH Ghana                              |   | <input type="checkbox"/> ZM Zambia                              |
| <input type="checkbox"/> GM Gambia                             |   | <input type="checkbox"/> ZW Zimbabwe                            |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

☐ ..... ☐ ..... ☐ .....

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

## Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:
  - (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
  - (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
  - (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
  - (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
  - (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
  - (vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

## Continuation of Box N°IV

The persons identified below are hereby/have been appointed to act on behalf of the applicant(s) before the competent International Authorities as AGENT:

GAVERINI, Gaetano

Basell Poliolefine Italia S.p.A.  
Intellectual Property  
Via Pergolesi 25  
I-20124 Milano  
tel. +39 02 6712 4088  
fax +39 02 6712 7373

COLUCCI, Giuseppe  
GIBERTI, Stefano  
REVERZANI, Cristina

Basell Poliolefine Italia S.p.A.  
Intellectual Property  
P.le G. Donegani 12  
I-44100 Ferrara  
tel. +39 0532 46 7652  
tel. +39 0532 46 8135  
tel. +39 0532 46 7300  
fax +39 0532 46 7675

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 25 September 2002 (25/09/02)	02021421.9		EP	
item (2) 08 October 2002 (08/10/02)	60/416,992	US PROVISIONAL		
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items    ☒ item (1)    ☐ item (2)    ☐ item (3)    ☐ item (4)    ☐ item (5)    ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): . . . .

.....

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EPO .....

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)                      Number                      Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Box No. VIII (i)             | Declaration as to the identity of the inventor   | : |   |
| <input checked="" type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : | 1 |
| <input type="checkbox"/> Box No. VIII (iii)           | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |   |
| <input checked="" type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : | 1 |
| <input type="checkbox"/> Box No. VIII (v)             | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |   |

**Box No. VIII (ii) DECLARATION: ENTITLEMENT TO APPLY FOR AND BE GRANTED A PATENT**

*The declaration must conform to the standardized wording provided for in Section 212; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (ii). If this Box is not used, this sheet should not be included in the request.*

Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent (Rules 4.17(ii) and 51bis.1(a)(ii)), in a case where the declaration under Rule 4.17(iv) is not appropriate:

In relation to this international application, Basell Poliolefine Italia S.p.A. is entitled to apply for and be granted a patent by virtue of the following:

Basell Poliolefine Italia S.p.A. is entitled as employer of the inventors:  
Franco Sartori, Angelo Lonardo and Pierre Herben

This declaration is made for the purposes of all designation.

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (ii)".